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Approved for use through 09/30/00. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |        | Attorney Docket No. 4239-00009                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                | Total Pages 34                                                                                                  |                     |
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| (Only for new nonprovisional applications under 37 CFR 1.53(b))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        | <b>First Named Inventor or Application Identifier</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                                                                                                                 |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        | Forest A. Hatcher                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |                                                                                                                 |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        | Express Mail Label No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                | EV342893090US                                                                                                   |                     |
| <b>APPLICATION ELEMENTS</b><br>See MPEP chapter 600 concerning utility patent application contents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |        | <b>ADDRESS TO: Assistant Commissioner for Patents</b><br>Box Patent Application<br>Washington, D.C. 20231                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                |                                                                                                                 |                     |
| <p>1. <input checked="" type="checkbox"/> <b>Fee Transmittal Form</b><br/>(Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> <b>Specification</b> [Total Pages <span style="border: 1px solid black; padding: 0 5px;">16</span> ]<br/>(preferred arrangement set forth below)</p> <ul style="list-style-type: none"><li>- Descriptive title of the Invention</li><li>- Cross References to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to Microfiche Appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul> <p>3. <input checked="" type="checkbox"/> <b>Drawing(s)</b> (35 USC 113) [Total Sheets <span style="border: 1px solid black; padding: 0 5px;">7</span> ]</p> <p>4. <b>Oath or Declaration</b> [Total Pages <span style="border: 1px solid black; padding: 0 5px;">2</span> ]</p> <ul style="list-style-type: none"><li>a. <input type="checkbox"/> Newly executed (original or copy)</li><li>b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br/>(for continuation/divisional with Box 17 completed)<br/>[Note Box 5 below]</li><li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li></ul> <p>5. <input type="checkbox"/> <b>Incorporation By Reference</b> (useable if Box 4b is checked). The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p> |        | <p>6. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>7. <b>Nucleotide and/or Amino Acid Sequence Submission</b><br/>(if applicable, all necessary)</p> <ul style="list-style-type: none"><li>a. <input type="checkbox"/> Computer Readable Copy</li><li>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</li><li>c. <input type="checkbox"/> Statement verifying identify of above copies</li></ul> <p style="text-align: center;"><b>ACCOMPANYING APPLICATION PARTS</b></p> <p>8. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney<br/>(when there is an assignee)</p> <p>10. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>12. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br/>(Should be specifically itemized)</p> <p>14. <input checked="" type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Status still proper and desired</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br/>(if foreign priority is claimed)</p> <p>16. <input checked="" type="checkbox"/> Other: Certificate of Express Mail</p> |                |                                                                                                                 |                     |
| <p>17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:<br/><input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: 09/842,351</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                |                                                                                                                 |                     |
| <b>18. CORRESPONDENCE ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                |                                                                                                                 |                     |
| <div style="border: 1px solid black; padding: 5px;"><input checked="" type="checkbox"/> Customer Number or Bar Code Label</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        | <br><b>26753</b><br><small>PATENT TRADEMARK OFFICE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                | <div style="border: 1px solid black; padding: 5px;"><input type="checkbox"/> Correspondence address below</div> |                     |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        | Joseph D. Kuborn, Reg. No. 40,689                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |                                                                                                                 |                     |
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| ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |        | 100 East Wisconsin Avenue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                |                                                                                                                 |                     |
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| CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        | Milwaukee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STATE          | Wisconsin                                                                                                       | ZIP CODE 53202-4178 |
| COUNTRY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | U.S.A. | TELEPHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (414) 271-7590 | FAX                                                                                                             | (414) 271-5770      |

17611 U.S. PTO  
07/11/03

Approved for use through 9/30/98  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

PTO/SB/17  
(10/97)

# FEE TRANSMITTAL

## COMPLETE IF KNOWN

|                        |                   |
|------------------------|-------------------|
| Application Number     |                   |
| Filing Date            | 7/11/2003         |
| First Named Inventor   | Forest A. Hatcher |
| Group Art Unit         |                   |
| Examiner Name          |                   |
| Attorney Docket Number | 4239-00009        |

Total Amount of Payment (\$ ) 417.00

## METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 01.2000

Deposit Account Name Andrus, Sceales, Starke & Sawall, LLP

☒ Charge any additional fee required under 37 CFR 1.16 and 1.17 ☐ Charge the Issue Fee set in 37 CFR 1.18 at the Mailing Of the Notice of Allowance, 37 CFR 1.311(b)

3. ☒ Payment Enclosed:  
☒ Check ☐ Money Order ☐ Other

## FEE CALCULATION (fees effective 10/01/97)

### 1. Filing Fee

| Large Entity | Small Entity |
|--------------|--------------|
| Fee          | Fee          |
| Code (\$)    | Code (\$)    |

|     |     |     |     |                        |       |
|-----|-----|-----|-----|------------------------|-------|
| 101 | 690 | 201 | 345 | Utility filing fee     | \$375 |
| 106 | 310 | 206 | 155 | Design filing fee      |       |
| 107 | 480 | 207 | 240 | Plant filing fee       |       |
| 108 | 690 | 208 | 345 | Reissue filing fee     |       |
| 114 | 150 | 214 | 75  | Provisional filing fee |       |

SUBTOTAL (1) (\$ ) 375.00

### 2. Claims Extra Fee from Fee Paid below

Total claims 12 -20= X =  
Independent Claims 4 -3= 1 X \$42 = \$42  
Multiple Dependent Claims X =

| Large Entity | Small Entity | Fee | Description |
|--------------|--------------|-----|-------------|
| Fee          | Fee          |     |             |
| Code (\$)    | Code (\$)    |     |             |

|     |     |     |     |                                                         |
|-----|-----|-----|-----|---------------------------------------------------------|
| 103 | 18  | 203 | 9   | Claims in excess of 20                                  |
| 102 | 78  | 202 | 39  | Independent claims in excess of 3                       |
| 104 | 270 | 204 | 135 | Multiple dependent claim                                |
| 109 | 82  | 209 | 41  | Reissue independent claims over original patent         |
| 110 | 22  | 210 | 11  | Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2) (\$ ) 42.00

## FEE CALCULATION (continued)

### 2. Additional Fees

| Large Entity | Small Entity | Fee | Fee | Fee Description | Fee Paid |
|--------------|--------------|-----|-----|-----------------|----------|
| Code (\$)    | Code (\$)    |     |     |                 |          |

|     |        |     |        |                                                                            |  |
|-----|--------|-----|--------|----------------------------------------------------------------------------|--|
| 105 | 130    | 205 | 65     | Surcharge-late filing fee or oath                                          |  |
| 127 | 50     | 227 | 25     | Surcharge-late provisional filing fee or cover sheet                       |  |
| 139 | 130    | 139 | 130    | Non-English specification                                                  |  |
| 147 | 2,520  | 147 | 2,520  | For filing a request for reexamination                                     |  |
| 112 | 920*   | 112 | 920*   | Requesting publication of SIR prior to Examiner action                     |  |
| 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action                        |  |
| 115 | 110    | 215 | 55     | Extension for response within first month                                  |  |
| 116 | 400    | 216 | 200    | Extension for response within second month                                 |  |
| 117 | 950    | 217 | 475    | Extension for response within third month                                  |  |
| 118 | 1,510  | 218 | 755    | Extension for response within fourth month                                 |  |
| 128 | 2,060  | 228 | 1,030  | Extension for response within fifth month                                  |  |
| 119 | 310    | 219 | 155    | Notice of appeal                                                           |  |
| 120 | 310    | 220 | 155    | Filing a brief in support of an appeal                                     |  |
| 121 | 270    | 221 | 135    | Request for oral hearing                                                   |  |
| 138 | 1,510  | 138 | 1,510  | Petition to institute a public use proceeding                              |  |
| 140 | 110    | 240 | 55     | Petition to revive unavoidably abandoned application                       |  |
| 141 | 1,320  | 241 | 660    | Petition to revive unintentionally abandoned application                   |  |
| 142 | 1,320  | 242 | 660    | Utility issue fee (or reissue)                                             |  |
| 143 | 450    | 243 | 225    | Design issue fee                                                           |  |
| 144 | 670    | 244 | 335    | Plant issue fee                                                            |  |
| 122 | 130    | 122 | 130    | Petitions to the Commissioner                                              |  |
| 123 | 50     | 123 | 50     | Petitions related to provisional applications                              |  |
| 126 | 240    | 126 | 240    | Submission of Information Disclosure Statement                             |  |
| 581 | 40     | 581 | 40     | Recording each patent assignment per property (times number of properties) |  |
| 146 | 790    | 246 | 395    | Filing a submission after final rejection (37 CFR 1.129(a))                |  |
| 149 | 790    | 249 | 395    | For each additional invention to be examined (37 CFR 1.129(b))             |  |

Other fee (specify) \_\_\_\_\_

Other fee (specify) \_\_\_\_\_

SUBTOTAL (3) (\$ ) 0

\*Reduced by Basic Filing Fee Paid

## SUBMITTED BY

Type or Printed name Joseph D. Kuborn  
Andrus, Sceales, Starke & Sawall, LLP

Signature *Joseph D. Kuborn*

## COMPLETE (if applicable)

|                         |          |
|-------------------------|----------|
| Registration Number     | 40,689   |
| Date                    | 07/11/03 |
| Deposit Account User ID |          |

17354 U.S. PTO  
10/617913

07/11/03

CERTIFICATE OF EXPRESS MAIL

This is to certify that this correspondence is being deposited with the United States Postal Service as EXPRESS MAIL POST OFFICE TO ADDRESSEE in an envelope addressed to Commissioner of Patents and Trademarks, Washington D.C., 20231 on 07/11/2003. The Express Label is EV342893090US.

Barbara A. Johnson

Name

July 11, 2003

Date

Signature

*Barbara A. Johnson*

July 11, 2003

Date